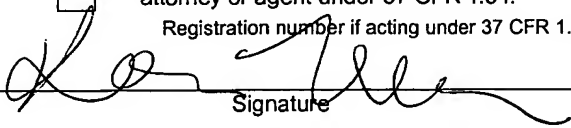




PTO/SB/22 (12-04)  
Approved for use through 7/31/2006. OMB 0651-0031  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 209409/2023F																									
Application Number 10/661,798		Filed September 12, 2003																									
For <b>SCREENING METHODS FOR IDENTIFYING COMPOUNDS WHICH DECREASE HIV ENTRY INTO A CELL</b>																											
Art Unit 1646		Examiner Li, R.																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: center;"><u>Fee</u></th><th style="text-align: center;"><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$120</td><td style="text-align: center;">\$60</td><td style="text-align: center;">\$</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$450</td><td style="text-align: center;">\$225</td><td style="text-align: center;">\$ 225.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$1020</td><td style="text-align: center;">\$510</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1590</td><td style="text-align: center;">\$795</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2160</td><td style="text-align: center;">\$1080</td><td style="text-align: center;">\$</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to</p> <p>Deposit Account Number <u>16-0085</u> Client/matter <u>209409/2023F</u> . I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>34,380</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <p style="text-align: center;"> _____ Signature</p> <p style="text-align: center;">Kathleen M. Williams _____ Typed or printed name</p> <p style="text-align: right;">_____ July 13, 2006 Date</p> <p style="text-align: right;">_____ 617.239.0451 Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 225.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 209409/2023F																																											
Application No. 10/661,798		Filing Date September 12, 2003		Examiner Li, R.																																											
				Art Unit 1646																																											
Applicant(s): Samson, et al.																																															
Invention: SCREENING METHODS FOR IDENTIFYING COMPOUNDS WHICH DECREASE HIV ENTRY INTO A CELL																																															
<p align="center"><b>TO THE COMMISSIONER FOR PATENTS</b></p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>																																															
<table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>15</td><td>- 20 =</td><td>0</td><td>x 25.00</td><td>0</td></tr><tr><td>Independent Claims</td><td>3</td><td>- 3 =</td><td>0</td><td>x 100.00</td><td>0</td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify):    Petition for two (2) month extension of time</td><td>225.00</td></tr><tr><td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td><td><b>225.00</b></td></tr></tbody></table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	15	- 20 =	0	x 25.00	0	Independent Claims	3	- 3 =	0	x 100.00	0	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):    Petition for two (2) month extension of time					225.00	<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>225.00</b>
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<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>225.00</b>																																										
<input type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Small Entity</span>																																															
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																															
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below. A duplicate copy of this sheet is enclosed.																																															
<div style="text-align: right;">16-0085 Client/matter 209409/2023F</div>																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 Kathleen M. Williams Req. No.: 34,380				Dated: July 13, 2006																																											